

Children's Hospital Association of Texas

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House Committee on Public Health

Interim Charge 1 – SB 11



The Children's Hospital Association of Texas (CHAT) represents eight free-standing, not-for-profit children's hospitals located throughout the state of Texas. CHAT's mission is to advance children's health and well-being by advocating for policies and funding that promote children's access to high-quality, comprehensive health care. CHAT appreciates the opportunity to provide information to the House Committee on Public Health. The comments made in response to Interim Charge #1 SB 11 mirror the information provided in response to Interim Charge #3.

The number of children under age 18 living in Texas exceeds the **total population of 38 U.S. states and territories,¹ and one of every 10 children in the country lives in Texas.** Thus, the State has a unique opportunity to nationally lead in ensuring that children receive the best healthcare. Children's hospitals and their affiliated health systems are the natural expert centers to help drive this effort, which will include measurable outcomes that demonstrate children are receiving high-quality healthcare at lower cost.

Background

The Children's Hospital Association of Texas (CHAT) and its eight member hospitals have continued to see a dramatic increase in patients requiring behavioral health services. In fact, this volume has significantly increased following the COVID-19 pandemic, and we predict it will continue to increase and remain high for some time. We support the Child and Adolescent Mental Health Consortium created by Senate Bill 11 passed during the 86th Texas Legislative Session and the work the Consortium is doing to help address services for patient with behavioral health needs. However, we have identified a gap in the initiative for the continuum of care for pediatric patients. New onset symptoms, diagnoses and immediate behavioral health intervention frequently occurs in inpatient and emergent settings. These settings are clinically appropriate and the safest place for children to receive care in many cases. However, children need a more effective transition from inpatient or emergency care to longer-term care and management.

Texas Behavioral Health Pediatric Quality Improvement

Children's hospitals believe that the healthcare transformation in Medicaid that began under the Delivery System Reform Incentive Payment (DSRIP) program should continue as a partnership with the Texas Health and Human Services Commission (HHSC) and children's hospitals to further evolve the learning, best-practices and improvements through application in targeted pediatric populations.

In partnership with its members, CHAT has developed and submitted a DSRIP Transition Proposal to HHSC for the continued support of children with behavioral health needs. The transition proposal provides a design for a more focused and comprehensive pediatric approach in Medicaid. We believe this program will be complementary to the consortium's efforts and more fully support the behavioral health care needs of kids in Texas.

¹ [World Population Review](#), last accessed on 9/23/20.

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The background and rationale for the development of this approach is well-founded in the literature and current practice.

- There is precedence in the Texas Healthy Mothers and Babies Collaborative.
- This approach is consistent with current directed payment programs such as models for Quality Incentive Payment Program (QIPP) and Network Access Improvement Program (NAIP).
- This approach assures a more effective transition for pediatric patients from DSRIP to a more sustainable model for the delivery of services and achievement of outcomes and will focus primarily on the Medicaid pediatric population.

The request includes:

Multidisciplinary Pediatric Expert and Stakeholder Input

Many services and programs overlap both in scope and the patients they treat. As a result, quality improvement will work best synergistically and as a coordinated system of care. In order to effectively oversee pediatric quality improvement, input from a multidisciplinary group, made up of clinical experts, administrative leaders, and other appropriate representatives and stakeholders will be necessary. This group will have the varied stakeholder perspective to ensure the programs stay on track and that there are agreed-upon pediatric outcome measures.

Program Components, Metrics, and Data Management

The vision behind the proposal is to approach healthcare transformation from a population health perspective. The foundational premise is to align goals, measures, and incentives across the continuum of care to achieve improved outcomes for a given group of patients. Program components have been developed as part of the CHAT DSRIP Transition Proposal and previously submitted and reviewed with DSRIP team leaders at HHSC.

Progress cannot be measured without data. Pediatric quality improvement will require a data management strategy and infrastructure to effectively and efficiently provide information about the progress of the proposed programs and population health improvement. As data management systems can be costly, it is imperative to look first to what data is already available, including from Medicaid managed care organizations and the Health and Human Services Committee as well as what outcome measures exist. Additional data and measures would supplement where appropriate.